CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0670	1	Heart Butte Elem		37	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre		0			
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of Aut	horized Official		Box 259 City	Zip	Code	
				50.	440	
Title			Heart Butte Date	592	448	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			
					ŀ	

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0671	2	Dupuyer Elem		37	EL	
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre		<u> </u>			
Signature of District	Superintendent or B	oard Chairperson	Street Address o PO Box 149	r P.O. Box		
Printed Name of Aut	horized Official		City	Ziŗ	Code	
			Dupuyer	59	4320149	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004 Date Approved						
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0674	10	Conrad Elem		37	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) of	a percent.)	
	mplete and submit with submitted for the elem al of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordan A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm	nts of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OME en adjusted in	3 Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre		0, , , , , , ,	D O D		
Signature of District	Superintendent or B	oard Chairperson	Street Address o			
Printed Name of Aut	horized Official		215 South Maryland City Zip Code			
Timed Ramo of Add	11011204 01110141		City		oodo	
			Conrad	594	125	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

				T =		
Legal Entity #	School Dist. #	School Name		County	Level	
0675	10	Conrad H S		37	HS	
Proposed Restricte	ed Indirect Cost Rate _	% (Rd	ound to nearest hundr	redth (X.XX%)	of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordar A-87, "Cost Principles	in this proposal to estance with the requiremers for State and Local Gother attached Predeterm	nts of the Federal awa overnments." Unallow	ard(s) to which they wable costs have be	apply and ONeen adjusted i	IB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
I declare that the fore	going is true and corre	ct.				
Signature of District	t Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			215 South Maryla	nd		
Printed Name of Au	thorized Official		City		ip Code	
			Conrad	5	9425	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	DENT OF PUBLIC I	NSTRUCTIO	N BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			
			1			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0679	18	Valier Elem		37	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
application should be	INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			PO Box 528			
Printed Name of Aut	horized Official		City	Zip	o Code	
			Valier	59	486	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ар	proved Rate for FY200	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0680	18	Valier H S		37	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			PO Box 528			
Printed Name of Aut	horized Official		City	Ziţ	Code	
			Valier	59	486	
Title			Date	•		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0682	19	Brady K-12 Schools		37	K12	
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a perce					f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief	I have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the be	est of my	
allowable in accordar A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Gother attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OME een adjusted in	3 Circular	
casual relationship be accordance with appl have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	egoing is true and corre					
Signature of District	t Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			Box 166	1 =-		
Printed Name of Au	thorized Official		City	Zip	Code	
			Brady	594	416	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0684	31	Miami Elem		37	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			617 South Delawa			
Printed Name of Aut	horized Official		City	Zi _l	o Code	
			Conrad	59	4252510	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
1226	1	Heart Butte H S		37	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
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	going is true and correc					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			Box 259	T		
Printed Name of Aut	horized Official		City	Zip	o Code	
			Heart Butte	59	448	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			